# CLAIMS ONLY

| Application Number | Filing Date |
|---|---|
| 10621561 | |

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | * | | * | | * | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Indep | Depend | Indep | Depend | Indep | Depend | | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | | | | | | | 51 | | | | | | |
| 2 | | | | | | | 52 | | | | | | |
| 3 | | | | | | | 53 | | | | | | |
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| 11 | | | 1 | | | | 61 | | | | | | |
| 12 | | | | | | | 62 | | | | | | |
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| 14 | | | | | | | 64 | | | | | | |
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| 18 | | | | | | | 68 | | | | | | |
| 19 | | | | | | | 69 | | | | | | |
| 20 | | | 1 | | | | 70 | | | | | | |
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| 30 | | | 1 | | | | 80 | | | | | | |
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| 49 | | | | | | | 99 | | | | | | |
| 50 | | | | | | | 100 | | | | | | |
| Total Indep | | | 4 | | | | Total Indep | | | | | | |
| Total Depend | | | 34 | | | | Total Depend | | | | | | |
| Total Claims | | | 38 | | | | Total Claims | | | | | | |